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FEC FORM 1

STATEMENT OF ORGANIZATION

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			2012 0001	TICE USE IONIY 3" O'C		
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4FMEC M	IAIL CENTER		
Progressive Conservative (Coaliton PAC					
	<u> </u>					
ADDRESS (number and street)	PO Box 20776	1 1 1 1 1 1 1 1 1				
(Check if address	1					
is changed)	Seattle		JWA 198	102 , , , , , , , , , , , , , , , , , , ,		
	CITY A		STATE A	ZIP CODE ▲		
COMMITTEE'S E-MAIL ADDRE	SS					
◆ (Check if address is changed)	abbot312@alum.ups.ed	u 				
	Optional Second E-Mail Add	ress				
	<u> </u>					
	• • •					
COMMITTEE'S WEB PAGE ADI	DRESS (URL)	•				
(Check if address is changed)						
•						
2. DATE 10 12 2012						
3. FEC IDENTIFICATION NU	JMBER ▶ C					
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)				
I certify that I have examined th	nis Statement and to the best of	of my knowledge and belief it	is true, correct and	complete.		
Type or Print Name of Treasure	r Abbot Taylor					
Signature of Treasurer	//		Date 10	18 / Y Y Y Y		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use		For further information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)		

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•		PE OF COMMITTEE andidate Committee:					
	(a)	This committee is a principal campaign committee. (Complete the candidate information below	<i>i.</i>)				
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name of Candidate						
	Candidate Party Affiliation	Office on Sought: House Senate President	State District				
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate						
	Party Com						
	(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
	Political A	ction Committee (PAC):					
	(e)	e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a					
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.	•				
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
	Joint Fundraising Representative:						
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	two or more political				
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political				
	Com	mittees Participating in Joint Fundraiser					
	1.						
	2.						
	3.						
	4.						

1						
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Write or Type Committee Name						
Progressive Conservative Coaliton PAC						
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor						
Mailing Address						
		. -				
	CITY STATE ZI	IP CODE				
	10 to the Afficiant Constitution I had Sundaining December 1	aushin DAO Osassas				
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Leade	ership PAC Sponsor				
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. 						
Full NameTreasul	rer					
Mailing Address						
		. -				
Title or Position	CITY STATE ZI	P CODE				
	Telephone number	<u></u>				
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).						
Full Name of Treasurer Abbot 7	aylor					
Mailing Address	Mailing Address 349 16th Ave E #30					
	Seattle WA 98112 CITY STATE ZI	P CODE				
Title or Position						
Treasurer	1 1 1 1	3108				

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMMENT The FEC added this page to the end of this filing to	COMING DOCUMENTS
Hand Delivered	Date of Receipt
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No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next	Business Day Delivery
Received from House Records & Registration Off	Date of Receipt ice
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
2	10/25/12
PREPARER	DATE PREPARED

(3/2005)